10/5353260

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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/535,326 | | | |
| | Filing Date | Herewith David B. Weiner | | | |
| | First Named Inventor | | | | |
| | Title | Genetic Constructs and Compositions Comprising RRE and CTE and uses thereof | | | |
| | Art Unit | To Be Determined | | | |
| | Examiner Name | To Be Determined | | | |
| | Attorney Docket Number | UPAP0001-100 | | | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | |
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| I hereby appoint: | | | | | | | |
| ☑ Practitioners as | associated with the Customer Number: 34137 V | | | | | | |
| ☐ Practitioner(s) | named below: | | | | | | |
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| | s) or agent(s) to prosecute the application ark Office connected therewith. | identified a | above, and to tra | insact all business in | the United States | | |
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| I am the: | | | | | | | |
| Applicant/Inventor. | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Signature | Marin | | Date | 01/19/0 | 6 | | |
| Name | Karuppiah Muthumani | | Telephone | | | | |
| Title and Company Inventor, The Trustees of the University of Pennsylvania | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| *Total of forms are submitted. | | | | | | | |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| | ARUMI | | To Be Determined | | |
| INDICATION FORM | Examiner N | | UPAP0001-100 | | |
| | | Attorney Docket Number | | | |
| hereby revoke all previous t | powers of attorney | given in the | above-identified application. | | |
| hereby appoint: | | | | | |
| ☑ Practitioners associated with the Cu OR | ustomer Number: | 34137 | | | |
| Practitioner(s) named below: | | Regis | stration Number | | |
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Attorney Docket Number

| DECLARATION FOR UTILITY OR | | First Named Inventor David B. Weiner | | | | | | |
|--|--|--------------------------------------|-------------------------|-----------------------|---------------|--|--|--|
| DESIGN PATENT APPLICATION (37 CFR 1.63) | | COMPLETE IF KNOWN | | | | | | |
| | | Application Number | 10/535,326 | | | | | |
| □Declaration ☑Declaration Submitted OR Submitted after Initial With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) | Declaration Submitted after Initial | Filing Date | Herewith | | | | | |
| | - · · | Art Unit | Not Yet Assigned | | | | | |
| required) | | Examiner Name Not Yet Assigned | | | | | | |
| I hereby declare that: | I hereby declare that: | | | | | | | |
| Each inventor's residence | e, mailing address, and citiz | zenship are as stated bel | ow next to their n | ame. | | | | |
| I believe the inventor(s) name is sought on the invention en | ed below to be the original and | I first inventor(s) of the subje | ct matter which is cl | laimed and for whic | h a patent | | | |
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| the specification of which | (Title of the | e Invention) | | | | | | |
| is attached hereto | | | | | | | | |
| OR was filed on (MM/DD/) | vvv [| as United States Ap | unlication Number of | r DCT International | | | | |
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| | 0170000700024 | was amended on (MM/DD/Y | , | | applicable). | | | |
| I hereby state that I have revi amended specifically referred | | ontents of the above identif | fied specification, i | ncluding the claim | ıs, as | | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for | | | | | | | | |
| continuation-in-part applicatio the national or PCT internatio | | | een the filing date | of the prior applica | ation and | | | |
| I hereby claim foreign priority be | | | | | | | | |
| breeder's rights certificate(s), of States of America, listed below | and have also identified belo | w, by checking the box, any | foreign application | n for patent, invento | or's or plant | | | |
| breeder's rights certificate(s), claimed. | or any PCT international appl | ication having a filing date | before that of the a | application on whic | h priority is | | | |
| Prior Foreign Application Number(s) Country | | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy | Attached? | | | |
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| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: | | | | | | | | |

[Page 1 of 2]

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| NAME OF SOLE OR FIRST INVENTOR: | | |] A | petiti | on has l | been file | ed fo | r this unsigned inventor |
| Given Name Oavid B. (first and middle [if any]) Family Name Weiner or Surname | | | | | | | | |
| Inventor Signature Date 196 | | | | | | | | |
| Residence: City Merion State Pennsylvania | | | l l | Country Citizenship United States of America United States of America | | | Citizenship United States of America | |
| Mailing Address | | | | | | | | |
| 717 Beacom Lane | | | | | | | | |
| City | City State | | | Zip | | | | Country |
| Merion Pennsylvar | | | ania | nia 19066 United States of America | | | | |
| NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor | | | | | | | | |
| Given Name Karuppiah Family Name Muthumani (first and middle [if any]) Family Name Consume | | | | | | | | |
| Inventor's Signature | | | | | | Date | 1 (1 | 9/06 |
| Residence: City | State | | C | Country | | | Citizenship | |
| Cherry Hill | New Jersey | | Uı | United States of America | | ica | United States of America | |
| Mailing Address | | | | | | | | |
| 52 lvy Lane | | | | | | | | |
| City | Sta | ate | | | Zip | | | Country |
| Cherry Hill New Jersey 08002 United State | | | | United States of America | | | | |
| Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | | | | | |